

THE MENTAL HOSPITAL IN A FREE SOCIETY*

BY DAVID J. VAIL, M.D.

Preamble

Make for thyself a definition or description of the thing which is presented to thee, so as to see distinctly what kind of thing it is in its substance, in its nudity, in its complete entirety, and tell thyself its proper name, and the name of the things of which it has been compounded and into which it will be resolved. For nothing is so productive of elevation of mind as to be able to examine methodically and truly every object which is presented to thee in life, and always to look at things so as to see at the same time what kind of universe this is, and what kind of use everything performs in it, and what value everything has with reference to the whole, and what with reference to man, who is a citizen of the highest city, of which all other cities are like families; what each thing is and of what it is composed, and how long it is the nature of this thing to endure which now makes an impression on me.

—MARCUS AURELIUS

Before discussing the subject itself, one must—following Marcus Aurelius—set forth some basic definitions and commitments.

First, *there is commitment to the improvement of social institutions*. The social institution is seen as an instrument for maintaining mankind. It should aim at increasing the degree of civilization and comfort which a society enjoys and at carrying on the traditions of a society, toward the increase of the peace and wisdom of mankind. Within this framework, one is concerned with the narrower but very practical goal of alleviating human misery.

An example of a social institution is *good manners*. Another is *marriage*. Social institutions generally have some concrete, physical manifestation: the container, which may eventually be confused with the thing contained. For example: The *family* has as its concrete manifestation—the *home*, or *household*. *Law* is the social institution, frequently confused with the *court* that houses it. Others are the *school*, or *educational system*, with its concrete manifestation as the *schoolhouse* or *college campus*, and *medicine* or *health care*; the concrete manifestation of which is the *hospital*.

*This paper, from the Minnesota Department of Public Welfare, is the text of a talk to administrative officers of the Minnesota state mental institutions, August 22, 1962.

There may be variance in the relative prominence of the concrete manifestation in relation to the institution itself. For example, there is no apparent concrete manifestation, or edifice at any rate, pertaining to *etiquette*. (But *etiquette* is, nonetheless, a vital and important social force.) *Justice* and *learning* are somewhere in between those with concrete manifestation and those without. Normally one associates justice and learning with a physical edifice of some kind. But justice can be dispensed under an oak tree, and learning in the solace of an olive grove. As to *health care*, it is difficult to conceive of it in these days without conjuring up the image of the *hospital*.

One of the problems in *mental health care*, the writer holds, is that the *hospital* image is proportionately overstrong: The container exceeds the thing contained. This is typical in the mental field—a preoccupation with the concrete manifestation at the expense of the institution itself. People decry "brick and mortar," it is very fashionable to deplore this. Yet we spend a lot of time on brick and mortar. The mental hospital, as a physical entity, tends to become a self-perpetuating and self-absorbed power system. A great deal of time is spent in haggling over who should *run* a mental hospital, at the expense of time needed to keep under constant scrutiny what is the *object* of a mental hospital, what makes up the goal and index of its social usefulness.

One is committed, as a participant in a free society, to the concept of *self-actualization of the individual and of groups, and a fostering of social institutions which promote this*. Such social institutions are marked by self-rule and self-determination, and a distribution of power which will allow these.

Finally, one is committed to the *preservation of life and life force*.

A social institution is an instrument created by society for certain purposes. What are the social purposes of the mental hospital? Lee Sewall¹ lists six goals, of which three are mentioned here: protection, care, and social restoration.* *Protection* has a clear and traditional basis in the common law, the protection of society from the patient and the patient from himself. It is based on the ancient concept of the police power of the state, which enables the state to intervene under due process for the protection of its members. *Care* has an equally valid traditional basis in the

*Sewall also lists education and training, research, and administration.

concept of *parens patriae*, the concept of state guardianship, the intervention of the state to succor those too disabled, for whatever reason, to care for themselves.

Social restoration, the third major goal listed by Sewall, is the most attractive to modern-trained therapists. Curiously, the legal basis for this is wanting. Public education has embodied the concept of society's obligation to enhance the estate of its members. But the analogy in the field of social welfare is weak. Only relatively lately, does one encounter *public* concern with the concept of social restoration. One searches in vain for public law pronouncements on social restoration as clear and unequivocal as the rendition of Blackstone,* two centuries ago, which would be placed in the category of police power of the state. An exception might be the establishment of vocational rehabilitation services following World War II and the 1961-62 statements of Health, Education and Welfare Secretary Ribicoff.**

Society created this instrument, the mental hospital, for the good and sufficient reasons that it had no other answers (or assumed it had no other answers) to the problems requiring solutions. This was just as society created pest houses and tuberculosis sanatoria for certain other problems for which it had no other solutions, and just as it now is increasingly, through public, private or shared means, creating nursing homes.

The problem that the mental hospital was created to solve was that of the socially unreliable person. Unreliability because of erratic behavior, unpredictability, severe personal weakness, lack of intelligence, extreme helplessness, antagonism—existing singly or more commonly in some combination. When one discovers simpler, neater, more efficient and less costly answers to the problem of the socially unreliable person, mental hospitals will disappear.

*Blackstone,² the great eighteenth century English jurist, said: "In the case of absolute madmen, as they are not answerable for their actions, they should not be permitted the liberty of acting unless under proper control; and, in particular, they ought not to be suffered to go loose, to the terror of the queen's subjects." (Op. cit., ref. 2, p. 23.)

"Public education is a possible exception; still, here the concern is not restoration from some previously impaired state, but the evaluation of youth in the recognition of society's deep interest in this.

Dr. John C. Whitehorn³ framed the concept of *social unreliability* as a common binding element in "mental illness."

One aspect of this social solution which must be considered is the concept of *rejection*. One hears of the mental hospital as the symbol of man's rejection of the mentally ill: A paradox is rejection *by* the mental hospital—of a person returned to the community because he "no longer responds to treatment" or "can receive no further benefit from hospitalization" or "does not fit into the hospital program" (and some hospitals maintain a "black list" of undesirable patients). Such a person may be returned to a community which is poorly prepared for his return. One even sees this transaction carried on as between one state and another.⁴

A bad joke that history has played is that now, with the promise of effective and in some ways specific measures, vast energy and money must be expended in rearranging a social institution which would never have existed had the measures, or even the promises of them, been available sooner. We take credit for opening hospitals that should likely never have been closed, and for reducing the size of hospitals that should never have gotten so big. This is done by a massive effort, 10 times as great now as might have been required a hundred years ago to keep today's situation from developing in the first instance.

Another bad joke: A society which prides itself on a passionate conviction of the right of self-determination and the deliberate dispersal of power has fostered an institution which in its traditional form operates on a totally antithetical basis. "Whether this is accidental, comes about by default, or comes by some unconscious collective agreement by society is not known."⁵

A subparadox: Russia, whose monolithic system Americans reject as deeply repulsive, apparently has produced a superior system of mental care. Conceivably, this is because of a state control system which can recruit, commandeer and assign personnel as required. Is it not also likely that another reason is a greater correspondence there than exists here between intramural and extramural life, totalitarianism existing on either side of the membrane (maybe more benevolently inside than out) and in either situation a common emphasis on work, production, and the good of the state? In other words, within the context of an encompassing total institution (the State), a greater degree of permeability as between inside and outside of the hospital.

As we view it, the model of the traditional mental hospital is the feudal manor with overtones of boot camp. Groffman has

written brilliantly and incisively on the "Total Institution."⁸ The total institution is characterized by central control; by techniques of indoctrination, an official code, a system of rewards and punishments through which a small group manages a much larger group; and by a manipulation of the environment which includes all areas of living and human endeavor. There is more to Goffman and he should be read in the original. The case is deliberately overstated here.

It seems-, rather, that the ideal model of the mental hospital should be the democratic society which has established it; that the goal should be a reduction of social disability by maximizing individual self-responsibility. This is not to beg a basic problem, which is to determine how much responsibility the mentally disordered person is realistically able to develop. This premise assumes that there is no fixed limit, that through expectation and positive reinforcements one can extend this. How far? At what point does the patient cease being socially unreliable and become reliable again? One can only devise the answers on an individual basis in a system that will allow, that will *really* allow, the person to move along to the maximum extent possible.

The concept of the mental hospital as a democratically administered system, wedded to and inseparable from the postulates of the democratic society which maintains it, is revolutionary. This does not mean that it is exciting, daring, wild-eyed, or original. It means revolutionary in a true sense, that it aims at a redistribution of power, of goods, and of dramatic roles.

Minnesota is now engaged in one approach to such a redistribution of power, by attempting to split medical and administrative authority at the top level. If this experiment results in changing a monolithic total institution ruled by a physician into a monolithic total institution ruled by a nonmedical hospital administrator it will be a failure.

According to Chester Barnard's theory, an organization properly includes all those who participate in it. Thus the organization called *corporation* includes the stockholders; *department store* includes the customers at any given time; *newspaper* includes the readers. To what extent have mental hospitals really viewed the patient as a part of the organization, as much a part as the chief

doctor, the plant engineer, or the department of nursing? Add to this, Kline's pyramidal concept of organization, which in value terms would place power at the base rather than the apex of the pyramid.⁸ To what extent does the mental patient possess actual power in the organization?

It is suggested here simply that power in the mental hospital organization should be distributed to the most basal point the patient, who is, after all, the final cause of the entire establishment. From this other possibilities emerge. What about assemblies based on Athenian democratic as well as representative republican principles, with a constitution setting forth officers, government branches and definitions of power? There would be power to determine what the program should be power to have some voice in who should be named head of the medical staff, who should get on the medical staff and who is fit to remain on. (Whatever happened, among the half million patients in public mental institutions, to the principle of "free choice of physician?") For that matter, there should be power to have some voice in determining who should be on the administrative staff, and power through some means to influence the state government itself to reach adequate standards of support.*

Patients should be paid for the work they do in institutions. They should then be billed for services received and taxed like anyone else. If they are not paid but are assigned to work as part of "therapy," then one needs better definitions of "therapy" than now exist.

Families of patients, and volunteers., should have greater voices in policy than they now possess.

In summary, the writer holds that there should be a greater approximation of social modes inside and outside the mental hospital. Those whom the hospital purports to serve should have an important role in its management. The work should proceed, not on the basis of some arbitrary medical theory, or on that of a self-perpetuating power system to benefit the rulers. It should proceed on the basis of an attempt to identify and solve society's

*The reality problem is: If the franchise has been removed because of the patient's social unreliability, how can it legitimately be restored? This could not be done all at once. Rather one envisions a stepwise set of negotiations based on trust and response. The first move at the start, and at each phase along the way, must be made by the staff.

problems, along with all those similarly engaged, using the best instruments available.

Minnesota Department of Public Welfare
Centennial Office Building
St. Paul, Minnesota 55101

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THE PSYCHIATRIC QUARTERLY

Published by the New York State Department of Mental Hygiene, January, April, July and October, about 800 pages per volume—\$8.00 a year in U. S. and possessions, \$8.50 elsewhere. Single issue \$2.25; foreign, \$2.35. Scientific contributions and editorial communications should be addressed to Newton Bigelow, M.D., editor, THE PSYCHIATRIC QUARTERLY, Utica State Hospital, Utica, N. Y.

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THE PSYCHIATRIC QUARTERLY SUPPLEMENT

Semi-annual publication for administrative, psychiatric social work, psychiatric nursing, child guidance and allied problems, Part 1 and Part 2, about 400 pages per volume—\$4.00 a year in U. S. and possessions, \$4.25 elsewhere. Single issue \$2.25; foreign, \$2.35. Editorial communications should be addressed to the editor, Newton Bigelow, M.D., Utica State Hospital, Utica, N. Y.

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